**JU Teaching Practice Form – Doctoral School in the Humanities**

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| **Name and Surname of Doctoral Student** |  |
| **Doctoral Program** |  |
| **Supervisor(s)** |  |
| **JU Department in which the teaching practice will be held** |  |
| **Course to be taught** |  |
| **Type of course (lecture/class/discussion group/online learning/ other (please specify which))** |  |
| **Teaching Practice supervisor** |  |
| **Academic Year** |  |
| **Semester and Dates of the Teaching Practice** |  |

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Signature of the course coordinator Head of Department

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Candidate signature Head of the Doctoral Program